

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 12/01/2005	Applicant Identifier KHWD	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction		AIP 3-06-0103-14		

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of Hayward - Hayward Executive Airport		Public Works	
Organizational DUNS: 156241002		Division: Airport	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 20301 Skywest Drive		Prefix: Mr.	First Name: Brent
City: Hayward		Middle Name S.	
County: Alameda		Last Name Shiner	
State: California	Zip Code: 94541	Suffix:	
Country: US		Email: Brent.Shiner@hayward-ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  [24-6000346]		Phone Number (give area code) (510) 293-5460	Fax Number (give area code) (510) 783-4556
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  [20-106]		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Hayward, Alameda County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: North Side Helipad	
13. PROPOSED PROJECT Start Date: 03/01/2006 Ending Date: 11/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10th b. Project 10th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,187,500	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/01/2005	
b. Applicant	\$ 62,500	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,250,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Jesus	Middle Name	
Last Name Armas	Suffix		
b. Title City Manager	c. Telephone Number (give area code) (510) 583-4300		
d. Signature of Authorized Representative	e. Date Signed		

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102ATTEST: *Angelina Reyes* APPROVED AS TO FORM:

Angelina Reyes, City Clerk

City Attorney for the City of Hayward Date 11-21-05

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: 150px;"> <b>RECEIVED</b>            NOV 30 2005         </div> 3. DATE RECEIVED BY STATE <b>11-16-2005</b> 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION Legal Name: <b>State of California</b> Address (give city, county, State, and zip code): <b>1800 Thrid Street, Room 330</b>																																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">           68-0303547         </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div>																														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		9. NAME OF FEDERAL AGENCY: <b>U.S. Dekpt. of Commerce; Economic Development Administration</b>																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">           11-305         </div> TITLE: <b>Planning Assistance</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Capacity Building Investment: Planning Assistance for California Indian Tribes to Create Jobs and Economic Development</b>																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Statewide; Multi-District</b>		13. PROPOSED PROJECT Start Date: <b>-1-2006</b> Ending Date: <b>12-31-2006</b> 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <b>5</b> b. Project: <b>1 - 52</b>																														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">100,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>Applicant</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>State</td> <td>\$</td> <td style="text-align: right;">45,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>\$</b></td> <td style="text-align: right;"><b>145,000</b></td> <td style="text-align: right;"><b>.00</b></td> </tr> </table>		Federal	\$	100,000	.00	Applicant	\$			State	\$	45,000	.00	Local	\$			Other	\$			Program Income	\$			<b>TOTAL</b>	<b>\$</b>	<b>145,000</b>	<b>.00</b>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>November 16, 2005</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
Federal	\$	100,000	.00																													
Applicant	\$																															
State	\$	45,000	.00																													
Local	\$																															
Other	\$																															
Program Income	\$																															
<b>TOTAL</b>	<b>\$</b>	<b>145,000</b>	<b>.00</b>																													
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																
Type Name of Authorized Representative <b>Judy Nevis</b>		b. Title <b>Acting Director</b>		c. Telephone Number <b>(916) 445-4775</b>																												
Signature of Authorized Representative		e. Date Signed																														

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<input checked="" type="checkbox"/> Pre-application Construction					
<input type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name: <b>Borrego Springs Park - CSD</b>				Organizational Unit: Department:	
Organizational DUNS: <b>607557431</b>				Division:	
Address: Street: <b>2990 Borrego Valley Road - P.O. Box 1306</b>				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: <b>Borrego Springs</b>				Prefix: Mr. First Name: <b>Larry</b>	
County: <b>San Diego</b>				Middle Name: <b>W.</b>	
State: <b>CA</b>				Last Name: <b>Linder</b>	
Zip Code: <b>92004</b>				Suffix:	
Country: <b>U.S.A.</b>				Email: <b>linder@cw0.com</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95-2625446</b>					
7. TYPE OF APPLICANT: (See back of form for Application Types) <b>G. Special District</b>					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):					
9. NAME OF FEDERAL AGENCY: <b>USDA, Rural Development</b>					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>10-763</b>					
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>See Attached Descr. pt. on</b>					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Entire CSD Area, 1,400 Acres</b>					
13. PROPOSED PROJECT Start Date: Ending Date:					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>52</b> b. Project <b>52</b>					
15. ESTIMATED FUNDING:					
a. Federal	\$	<b>450,000</b>			
b. Applicant	\$				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	<b>450,000</b>			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:					
b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Larry		Middle Name: W.	
Last Name: Linder				Suffix:	
b. Title: General Manager				c. Telephone Number (give area code): 760-480-8414	
d. Signature of Authorized Representative: <i>Larry W Linder</i>				e. Date Signed: 19 Nov 2005	

**FEDERAL ASSISTANCE**

DATE SUBMITTED

**October 31, 2005**

Applicant Identifier

## 1. TYPE OF SUBMISSION:

<input checked="" type="checkbox"/> <u>Application</u>	<input type="checkbox"/> <u>Pre-application</u>
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

**F-95-B Amendment #7**

## 5. APPLICANT INFORMATION

Legal Name: <b>State of California</b>		Organizational Unit:	
Organizational DUNS: <b>808322358</b>		Department: <b>Fish and Game</b>	
Address:		Division: <b>Fisheries Programs Branch</b>	
Street: <b>1812 Ninth Street</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)		
City: <b>Sacramento</b>	Prefix:	First Name: <b>Carolyn</b>	
County: <b>Sacramento</b>	Middle Name:		
State: <b>CA</b>	Last Name: <b>Murata</b>		
Country: <b>US</b>	Zip Code: <b>95814</b>	Suffix:	
E-mail: <b>cmurata@dfg.ca.gov</b>			

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

**94-1697567**

Phone Number (give area code)

**(916) 445-3559**

FAX Number (give area code)

**(916) 445-4044**

## 8. TYPE OF APPLICATION:

☐ New
 ☐ Continuation
 ☒ Revision

If Revision, enter appropriate letter(s) in box(es):

(See back of form for description of letters.)

☐ ☒ **A**

Other (specify)

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

A. State

Other (specify)

## 9. NAME OF FEDERAL AGENCY:

**U.S. Department of Interior, Fish and Wildlife Service**

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

**15 - 605**

TITLE (Name of Program):

**Sport Fish Restoration Act**

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

**Santa Clara County**

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Amendment #7 to Motorboat Access Enhancement Project for Anderson Lake Boat Launching Facility, Santa Clara County. Requesting a revision to Total Costs to include Administration costs at 11.2%.**

## 13. PROPOSED PROJECT:

Start Date:	Ending Date:
<b>12/3/1998</b>	<b>5/1/2006</b>

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

**3**

b. Project

**16**

## 15. ESTIMATED FUNDING:

a. Federal	\$	<b>\$2,561,214.00</b>
b. Applicant	\$	
c. State	\$	<b>\$853,738.00</b>
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. REVISED TOTAL	\$	<b>\$3,414,952.00</b>

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes.



THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: **11-28-05**

b. No.



PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?



Yes. If "Yes" attach an explanation.



No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

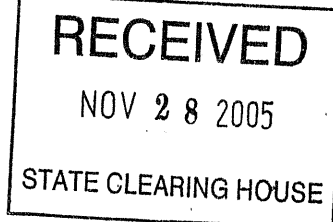
Prefix	First Name	Middle Name
	<b>Renee</b>	
Last Name	Suffix	
<b>Renwick</b>		
b. Title	c. Telephone Number (give area code)	
<b>Deputy Director, Administration</b>	<b>(916) 653-4633</b>	
d. Signature of Authorized Representative	e. Date Signed	
<i>Renee Renwick</i>	<b>11-7-05</b>	

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Standard Form 424 (REV. 8-2003) DFGs rev. 10/2005

Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> July 1, 2005	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	
<b>Legal Name:</b> Community Housing Improvement Systems and Planning Association, Inc.		<b>Organizational Unit:</b> Department: N/A Division: N/A	
<b>Organizational DUNS:</b> 012986949		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>Address:</b> Street: 295 Main Street, Suite 100		Prefix: Mr.	First Name: Gabriel
City: Salinas		Middle Name Bonse	
County: Monterey		Last Name Torres	
State: CA	Zip Code 93901	Suffix:	
Country:		Email: gtorres@chispahousing.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2631608		Phone Number (give area code) 831-757-6251	Fax Number (give area code) 831-757-6268
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for profit organization Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-420		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development	
<b>TITLE (Name of Program):</b> USDA Rural Development Section 523 Rural Self-Help Housing		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Application for USDA Rural Development 523 Technical Assistance Grant Funds. Mutual Self-Help Housing Program	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Monterey County (Salinas, Gonzalez, Soledad, Greenfield, King City)		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 17th District - California b. Project 17th District - California	
<b>13. PROPOSED PROJECT</b> Start Date: November, 2005 Ending Date: November, 2007		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 1,081.000	RECEIVED	
b. Applicant	\$	NOV 17 2005	
c. State	\$	STATE CLEARING HOUSE	
d. Local	\$	1,081.000	
e. Other	\$	11/4/05	
f. Program Income	\$	831-757-6251	
g. TOTAL	\$ 1,081.000	11/4/05	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Alfred	Middle Name	
Last Name Diaz-Infante		Suffix	
b. Title President / CEO		c. Telephone Number (give area code) 831-757-6251	
d. Signature of Authorized Representative		e. Date Signed	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5-26-05		Applicant Identifier N/A	
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier N/A	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier N/A			

<b>5. APPLICANT INFORMATION</b> Legal Name: La Verne Police Department Organizational DUNS: 038677894 Address (give city, county, state, and zip code): 2061 Third Street La Verne, CA 91750			Organizational Unit: Division: Name and telephone number of person to be contacted on matters involving this application (give area code): Name: RICK ARAGON, POLICE CAPTAIN Phone: (909) 596-1913 EXT. 225		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 956000732			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):			<b>9. NAME OF FEDERAL AGENCY:</b> Department of Justice Office of Community Oriented Policing Services		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 8 . 7 1 0 TITLE: 2005 Technology Initiative			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Police Communications AND Technology Upgrade		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>					

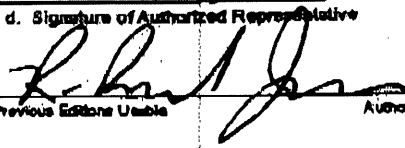
  

<b>13. PROPOSED PROJECT:</b> Start Date: 12/08/2004    Ending Date: 12/07/2005		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project	
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<b>16. ESTIMATED FUNDING:</b>		<b>15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1233304.00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL \$ 1,233,304.00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Typed Name of Authorized Representative R. RONALD INGELS	b. Title Chief of Police	c. Telephone number (909) 596-1913
d. Signature of Authorized Representative 		e. Date Signed 5-31-05

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> November 11, 2005	Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Woodlake Union School District		<b>Organizational Unit:</b> Department: Woodlake Union School District		
Organizational DUNS: 149 503 406		Division: Woodlake Family Resource Center		
<b>Address:</b> Street: 300 West Whitney		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Dr.		
City: Woodlake		First Name: Steve		
County: Tulare		Middle Name		
State: California		Last Name Tietjen		
Zip Code 93286		Suffix: Ed.D.		
Country: USA		Email: drsteve@woodlake.k12.ca.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0569042		Phone Number (give area code) 559 564-8081 ext 11		Fax Number (give area code) 559 564-3831
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) H Other (specify)		
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development--California		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-766		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Woodlake Union School District eHealth Program		
TITLE (Name of Program): Community Facility Fund				
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Woodlake, unincorporated areas of Seville, Elderwood, Three Rivers				
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21		
Ending Date: 6/30/07		b. Project 21		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 0.00	DATE: 11/11/05		
c. State	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 200,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix Dr.	First Name Steve	Middle Name Max		
Last Name Tietjen		Suffix Ed.D		
b. Title Superintendent		c. Telephone Number (give area code) 559 564-8081		
d. Signature of Authorized Representative		e. Date Signed 11/11/05		

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



## APPLICATION FOR FEDERAL ASSISTANCE

**SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b>		<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>	
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
		<b>4. Federal Identifier</b>		
<b>5. APPLICANT INFORMATION</b> <span style="float: right;">* Organizational DUNS: 0471200840000</span> * Legal Name: The Regents of the University of California Department: Sponsored Programs      Division: Office of Research * Street1: 110 Everson Hall      Street2: University of California * City: Davis      County: Yolo      * State: CA      * ZIP Code: 95616 * Country: USA				
Person to be contacted on matters involving this application Prefix:      * First Name:      Middle Name:      * Last Name:      Suffix: Dr.      Hsin-Chia           Cheng      PhD * Phone Number: 530 752-9855      Fax Number: 530 752-4717      Email: cheng@physics.ucdavis.edu				
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):</b> 946036494		<b>7. * TYPE OF APPLICANT</b> F: State-Controlled Institution of Higher Education		
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		<b>9. * NAME OF FEDERAL AGENCY:</b> Office of Science		
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program		
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Outstanding Junior Investigator Program: New Physics at the Energy Frontiers				
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Davis, California, Yolo County				
<b>13. PROPOSED PROJECT:</b> * Start Date      * Ending Date 07/01/2006      06/30/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant      b. * Project I      XIV		
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix:      * First Name:      Middle Name:      * Last Name:      Suffix: Dr.      Hsin-Chia           Cheng      PhD Position/Title: Assistant Professor      * Organization Name: The Regents of the University of California Department: Department of Physics      Division: College of Letters and Science * Street1: One Shields Avenue      Street2: University of California * City: Davis      County: Yolo      * State: CA      * ZIP Code: 95616 * Country: USA * Phone Number: 530 752-9855      Fax Number: 530 752-4717      * Email: cheng@physics.ucdavis.edu				



**SF 424 (R&R)** APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b> a. * Total Estimated Project Funding \$321,165.00 b. * Total Federal & Non-Federal Funds \$321,165.00 c. * Estimated Program Income \$0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 11/15/2005 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																										
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																											
<b>19. Authorized Representative</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Prefix:</td> <td style="width: 25%;">* First Name:</td> <td style="width: 25%;">Middle Name:</td> <td style="width: 25%;">* Last Name:</td> <td style="width: 10%;">Suffix:</td> </tr> <tr> <td>Mr.</td> <td>Matt</td> <td></td> <td>Nguyen</td> <td></td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">* Position/Title: Contract and Grant Analyst</td> <td style="width: 70%;">* Organization Name: The Regents of the University of California</td> </tr> <tr> <td>Department: Sponsored Programs</td> <td>Division: Office of Research</td> </tr> <tr> <td>* Street1: 118 Everson Hall</td> <td>Street2: University of California</td> </tr> <tr> <td>* City: Davis</td> <td>County: Yolo</td> </tr> <tr> <td>* Country: USA</td> <td>* State: CA</td> </tr> <tr> <td>* Phone Number: 530 754-7667</td> <td>* ZIP Code: 95616</td> </tr> <tr> <td></td> <td>* Email: mannguyen@ucdavis.edu</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>* Signature of Authorized Representative</b>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           Matt Nguyen            _____         </div> <div style="width: 45%;"> <b>* Date Signed</b>            11/15/2005            _____         </div> </div> </td> </tr> </table>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Mr.	Matt		Nguyen		* Position/Title: Contract and Grant Analyst	* Organization Name: The Regents of the University of California	Department: Sponsored Programs	Division: Office of Research	* Street1: 118 Everson Hall	Street2: University of California	* City: Davis	County: Yolo	* Country: USA	* State: CA	* Phone Number: 530 754-7667	* ZIP Code: 95616		* Email: mannguyen@ucdavis.edu	<b>* Signature of Authorized Representative</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           Matt Nguyen            _____         </div> <div style="width: 45%;"> <b>* Date Signed</b>            11/15/2005            _____         </div> </div>	
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:																							
Mr.	Matt		Nguyen																								
* Position/Title: Contract and Grant Analyst	* Organization Name: The Regents of the University of California																										
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	* Email: mannguyen@ucdavis.edu																										
<b>* Signature of Authorized Representative</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           Matt Nguyen            _____         </div> <div style="width: 45%;"> <b>* Date Signed</b>            11/15/2005            _____         </div> </div>																											
<b>20. Pre-application</b> File Name: Mime Type:																											

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application                      Preapplication ____ Construction                  Construction <input checked="" type="checkbox"/> Nonconstruction                  Nonconstruction		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Office of Information Technology Name and telephone of person to be contacted on matters involving this application (give area code): Skip Campbell (916) 341-5209	
6. Employer Identification Number (BIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>  A  </u> A. State                                      II. Independent School District B. County                                    I. State Institute of Higher Learning C. Municipal                                J. Private University D. Township                                K. Indian Tribe E. Interstate                                L. Individual F. Intermunicipal                          M. Profit Organization G. Special District                        N. Other (specify)	
6. D U N S Number: 808321913			
8. Type of Application: <input checked="" type="checkbox"/> New      ____ Revision      ____ Continuation If Revision, enter appropriate letter(s): A. Increase Award                      B. Decrease Award C. Increase Duration                    D. Decrease Duration Other (specify) _____			
10. Catalog of Federal Domestic Assistance Number 66.608 Title: Environmental Information Exchange Network Grant Program		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project:  Spatial Extent and Attribute Development System (SEADS) is to develop an easy-to-use web-based toolset to associate locations with environmental data (attributes) of interest.	
13. Proposed Project: Start Date                      End Date 7/1/2006                        6/30/2008		14. Congressional District of: Applicant:                      Project: 3                                  California - All	
15. ESTIMATED FUNDING:  a. Federal "In-Kind"                      \$470,000 b. Applicant                                \$0 c. State                                        \$0 d. Local                                        \$0 e. Other                                        \$0 f. Program Income                        \$0  g. TOTAL                                      \$470,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: November 16, 2005 b. NO:                      Program is not covered by EO # 12372 Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

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STATE CLEARING HOUSE

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier 03-362	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: The County of Sonoma				Organizational Unit: Department: Transportation and Public Works	
Organizational DUNS: 148005390				Division: Roads	
Address: Street: 2300 County Center Dr., Suite B 100				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: John	
City: Santa Rosa				Middle Name	
County: Sonoma				Last Name Kottage	
State: CA Zip Code 95403				Suffix:	
Country: USA				Email: ADMJOHN@SONOMA-COUNTY.ORG	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-5000539				Phone Number (give area code) 707 565-2231	
STATE CLEARING HOUSE				Fax Number (give area code) 707 565-2620	
<b>7. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)	
<b>8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-0006				<b>9. NAME OF FEDERAL AGENCY:</b> Suzanne Marr U.S. Environmental Protection Agency, Region	
TITLE (Name of Program): Surveys, studies, investigations & special purpose grants				<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Canon Manor Wastewater Project	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Rohnert Park, Sonoma County					
<b>13. PROPOSED PROJECT</b> Start Date: November 2005 Ending Date: November 2007				<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1 & 6 b. Project 6	
<b>15. ESTIMATED FUNDING:</b>				<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal \$ 216,800				a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant \$ 184,400				DATE:	
c. State \$ -0-				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local \$ -0-				<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$ -0-				<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income \$ -0-				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 401,200					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix Mr.		First Name John		Middle Name	
Last Name Kottage				Suffix P.E.	
b. Title Program Project Director				c. Telephone Number (give area code) (707) 565-2760	
d. Signature of Authorized Representative John Kottage				e. Date Signed 11/16/05	

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